

# PART B - FEE(S) TRANSMITTAL

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22907 7590 12/03/2002

**BANNER & WITCOFF**  
1001 G STREET N W  
SUITE 1100  
WASHINGTON, DC 20001



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(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/631,830	08/03/2000	Yusuke Kohyama	1701.00021	9692

**TITLE OF INVENTION:** STACKED CAPACITOR-TYPE SEMICONDUCTOR STORGE DEVICE AND MANUFACTURING METHOD THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	03/03/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
MALSAWMA, LALRINFAMKIM HMAR	2825	438-396000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Banner & Witcoff, LTD.  
2 \_\_\_\_\_  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Kabushiki Kaisha Toshiba

Kawasaki-shi, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee  
☒ Advance Order - # of Copies 7

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(Authorized Signature) Gary D. Fedorovich (Date) 2-28-03

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01 FC:1501 1300.00 CH  
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